



SEVEN OAKS  
GENERAL HOSPITAL

## 2025 BURSARY APPLICATION

### **Bursaries Available**

**Gudmundur Myrdal Bursary**  
(for full-time studies in any of the health professions)

**Ken Seaford Memorial Bursary**  
(for studies in the field of management)

**Seven Oaks Health Promotion & Wellness  
Bursary**  
(for studies in health promotion and wellness)

**All information herein is considered strictly confidential.**

*Completed applications must be submitted to Education Services at Seven Oaks General Hospital via email, **send to edokuchie@sogh.mb.ca by May 30, 2025.***

Late or incomplete applications will not be accepted.

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### **GENERAL INFORMATION (PLEASE PRINT)**

**NAME** \_\_\_\_\_  
Surname Given Name(s)

**ADDRESS** \_\_\_\_\_  
Street City Province Postal Code

**Telephone #** \_\_\_\_\_

**EDUCATION PROGRAM FOR WHICH ASSISTANCE IS REQUESTED FOR**

PROGRAM \_\_\_\_\_

INSTITUTION \_\_\_\_\_

Duration of Program \_\_\_\_\_ Commencement \_\_\_\_\_

Anticipated Completion Date \_\_\_\_\_ Intended Career \_\_\_\_\_

Full time Study? \_\_\_\_\_ Part time Study? \_\_\_\_\_

Accepted into Program? \_\_\_\_\_

If no, when do you expect to be accepted \_\_\_\_\_

**FINANCIAL INFORMATION**

Cost of Tuition	
Other related costs: books, travel, etc.)	
Financial Need: (dependents, etc.)	
Other Bursaries, awards received	
Bursaries previously received from Seven Oaks General Hospital (Name of bursary & year received)	

\*\*\*\* Proof of acceptance into program is required prior to provision of funding.

**EDUCATIONAL BACKGROUND**

List names of educational institutions you have attended and your academic standing in sequence, listing most recently attended first.

Institution	Academic Standing

\*\*\*An official copy of your most recent transcript is required prior to provision of funding.

**VOLUNTEER/WORK/COMMITTEE EXPERIENCE** (where, year(s), amount of time)

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**REFERENCES**

A minimum of two written letters of reference must accompany the bursary application, one of which should be from a member of the teaching staff of the educational institute the applicant attended.

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
*Street City Province Postal Code*

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_  
*Street City Province Postal Code*

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Note: All references must be received by May 30, 2025**

**DECLARATION OF APPLICANT**

I hereby accept the following obligations upon acceptance of financial assistance from Seven Oaks General Hospital.

1. Submission of proof of completion of the school year.
2. Return the total amount of the award immediately or as arranged by Seven Oaks General Hospital should the year not be completed.

I hereby certify that the information is complete and true to the best of my knowledge and understand and agree to abide by the stated responsibilities upon acceptance of financial assistance.

*Please review to ensure a complete application.*

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_